


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 017 ****61.25

DOCUMENT # 750205			
1. Entity Name STONEBRIDGE GARDENS, SECTION ONE, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2900 NORTHWEST 55TH AVE. LAUDERHILL FL 33313		Mailing Address 2900 NORTHWEST 55TH AVE. LAUDERHILL FL 33313	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, P.A. 4000 HOLLYWOOD BOULEVARD SUITE 265 SOUTH HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2085864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SCHNEIDER, EDGAR R STREET ADDRESS: 2900 N.W. 55 AVE. CITY-ST-ZIP: LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE: SD NAME: [Handwritten] STREET ADDRESS: [Handwritten] CITY-ST-ZIP: [Handwritten]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DIDONATO, FRANK STREET ADDRESS: 290 ONW 55 A VE. CITY-ST-ZIP: LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HANSRAM, RAMRUP STREET ADDRESS: 2900 NW 55 AVENUE CITY-ST-ZIP: LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ACOSTA, OSMANY STREET ADDRESS: 2900 NW 55 AVENUE CITY-ST-ZIP: LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Eric Nathanson STREET ADDRESS: 2900 NW 55 Avenue CITY-ST-ZIP: Lauderhill, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ASD NAME: WALBRIDGE, MARGARET STREET ADDRESS: 2900 NW 55 AVENUE CITY-ST-ZIP: LAUDERHILL FL 33313	<input type="checkbox"/> Delete	TITLE: ATD NAME: [Handwritten] STREET ADDRESS: [Handwritten] CITY-ST-ZIP: [Handwritten]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Didonato* DATE: 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #